

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) RGH RIGHT DIRECTION PAC		FEC IDENTIFICATION NUMBER ▼ C C00490730	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Red Maverick Media LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2016		
Mailing Address 403 N Second St, Fl 2			Amount 65667.00		
City Harrisburg	State PA	Zip Code 17101	Transaction ID : SE.4907		
Purpose of Expenditure Direct Mail		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 12 / 2016		
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Red October Productions, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 12 / 2016		
Mailing Address 1851A McGuckian St			Amount 10160.25		
City Annapolis	State MD	Zip Code 21401	Transaction ID : SE.4904		
Purpose of Expenditure Advertising - Production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 12 / 2016		
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	75827.25
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adams, Michael, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 13 / 2016

Signature

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PAGE	2	OF	2
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Full Name of Payee Target Enterprises LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 15260 Ventura Blvd Suite 1240		Amount <input type="text"/>	
City Sherman Oaks	State CA	Zip Code 91403	Transaction ID : SE.4901
Purpose of Expenditure Television Advertising - Media Placement	Category/ Type 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address		Amount <input type="text"/>	
City	State	Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure	Category/ Type <input type="text"/>		
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(c) TOTAL Independent Expenditures.....▶	<input type="text"/>

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Adams, Michael, , ,

[Electronically Filed]

Date

 / /

Signature